

APPLICATION FOR EMPLOYMENT

City of Frankfort, Kentucky

315 W. Second Street, P.O. Box 697

Frankfort, Kentucky 40602-0697

(502) 875-8535

Fax (502) 875-8502

AN EQUAL OPPORTUNITY EMPLOYER M/F/D

POSITION DESIRED

TITLE

INSTRUCTIONS

PRINT IN BLACK INK OR TYPE. Answer each item completely and accurately. Incomplete answers may disqualify you for employment or cause delays in processing your application false answers may lead to dismissal.

Social Security No.

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Home Phone No. _____ Today's Date _____

Work Phone No. _____ Salary Required _____

1. ☐ Mr. ☐ Ms. _____
 Last Name First Name Middle Name Other Name (if any)

2. Address _____
 Street, R.F.D. or Box No. City State Zip Code County

3. Date of Birth: _____ 4. Are you a U.S. citizen? Yes ☐ No ☐
 Month Day Year Are you a legal permanent resident? Yes ☐ No ☐

5. Yes ☐ No ☐ Are you currently employed by the City of Frankfort?

Yes ☐ No ☐ Have you ever been employed by the City of Frankfort? If yes, when? _____

6. Yes ☐ No ☐ Do you have a valid driver's license, if required by the position for which you are applying? License Number _____

7. Yes ☐ No ☐ Do you have a valid commercial driver's license (CDL) license, if required by the position for which you are applying?
 If yes, what class? _____ What endorsement? _____

8. Yes ☐ No ☐ Has your driver's license or CDL been revoked or suspended? If yes, please indicate period of suspension and reason _____

9. Yes ☐ No ☐ Have you ever been convicted of violating any law (omit minor traffic violations)? If yes, please list conviction(s), date(s), and places(s).

NOTE: Conviction of a crime is not an automatic rejection of the application. The specific situation will be reviewed under KRS 335B.020.

10. Date available for work _____ Shift availability: Day ☐ Evening ☐ Night ☐ Rotating ☐

11 Type of work desired: Full-Time ☐ Part-Time ☐ Summer ☐

12. EDUCATION AND TRAINING: For your benefit, please complete thoroughly and accurately and then provide copies of the following, if required:

(1) GED certificate; (2) high school diploma or transcript; (3) vocational/technical school transcript; or (4) college transcript which contains an official seal and Registrar's signature.

Please indicate education completed.

Grade School

High School

College

Graduate School

Have you passed a G.E.D. Test? Yes ☐ No ☐Can you type? Yes ☐ No ☐ If yes, indicate words per minute.

School	Name and Address of School	Dates Attended		Date of Graduation	Number of Hours		Fields of Study		Degree, Diploma, or Certificate Earned
		From	To		Earned	Now Carrying	Major	Minor	
High School				Mo/yr					Diploma: Yes <input type="checkbox"/> No <input type="checkbox"/>
Under Graduate College or University		Mo/yr	Mo/yr	Mo/yr	**	**			Degree:
Graduate College or University		Mo/yr	Mo/yr	Mo/yr	**	**			Degree
Vocational, Business, Technical		Mo/yr	Mo/yr	Mo/yr	***	***			Certificate:
Apprenticeship	Type: _____	Mo/yr	Mo/yr	Length: _____	Journeyman: Yes <input type="checkbox"/> No <input type="checkbox"/>		Must provide certificate		

** Please indicate if college hours are semester or quarter OR *** indicate number of vocational/technical school clock hours.

NAME: _____ SSN: _____ DATE: _____

13. **EMPLOYMENT HISTORY:** Begin with your most recent job and provide as much detail as possible. Be sure to complete each blank in this section thoroughly and accurately as any changes you wish to make after submitting this application must be verified by the employer. If you changed positions within the same organization and your duties changed, describe **each** job in a separate block. **When listing job duties, list those that took most of your time first.** If your application reflects incomplete or conflicting information (including employment dates and average hours) you will receive partial or no credit for this job

NOTE: You must complete this application form as resumes are not considered official, but may be submitted if signed and dated.

May we contact your present employer? Yes ☐ No ☐ If no, explain _____

<p>A. Employed from <table border="1"><tr><td>Mo.</td><td>Day</td><td>Yr.</td></tr><tr><td></td><td></td><td></td></tr></table> to <table border="1"><tr><td>Mo.</td><td>Day</td><td>Yr.</td></tr><tr><td></td><td></td><td></td></tr></table></p> <p>Title of Position _____ Gr. _____</p> <p>Starting Salary _____</p> <p>Average hours per week <table border="1"><tr><td></td><td></td></tr></table> Last Salary _____</p> <p>Reason for Leaving _____</p> <p>Name of Employer _____</p> <p>Address _____</p> <p>Type of Business _____</p> <p>Name & title of your supervisor _____</p> <p>Phone: _____</p> <p>I was a Supervisor <table border="1"><tr><td>From</td><td>To</td></tr><tr><td>Mo. Yr.</td><td>Mo. Yr.</td></tr><tr><td></td><td></td></tr></table> Number Supervised _____</p>	Mo.	Day	Yr.				Mo.	Day	Yr.						From	To	Mo. Yr.	Mo. Yr.			<p>Job Duties:</p> <p>1. _____</p> <p>2. _____</p> <p>3. _____</p> <p>4. _____</p> <p>5. _____</p> <p>6. _____</p> <p>7. _____</p> <p>8. _____</p>
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From	To																				
Mo. Yr.	Mo. Yr.																				

NAME: _____ SSN: _____ DATE: _____

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NOTE: Additional employment history sheets available upon request.

14. **LICENSES OR CERTIFICATES:** Please indicate if you have a license, certificate, or other authorization to practice a trade or profession. You must provide a copy or verification of the license/certificate.

Name of Trade or Profession	Original Lic. Issue Date	Current Lic. Expiration Date	Name and Address of Licensing Agency
License:			
License:			

NAME: _____ SSN: _____ DATE: _____

15. PROFESSIONAL ORGANIZATIONS: Indicate current membership in professional organizations.

ORGANIZATION	TITLE	DATE MEMBERSHIP EXPIRES

16. CHARACTER REFERENCES: Other than relatives, former employers, or supervisors.

NAME	ADDRESS	PHONE NUMBER

17. Have you been in the military service? Yes ☐ No ☐

BRANCH OF U.S. MILITARY SERVICE FROM (MO/YEAR) TO (MO/YEAR)	HIGHEST RANK ATTAINED
MILITARY OCCUPATION SPECIALTY AND/OR MAJOR DUTIES	WAS DISCHARGE HONORABLE? <input type="checkbox"/> YES <input type="checkbox"/> NO

18. In accordance with the Military Selective Services Act, every male who is at least 18 years old but not yet attained the age of 26 years old shall register with the Selective Service. Failure to register as required, if prosecuted and convicted, is punishable by a fine up to \$250,000 and /or imprisonment up to five years. The City of Frankfort supports the Military Selective Service Act and therefore requires male applicants to be registered. By affixing your signature to this document, you are attesting that you have met your obligation. You will be required to verify your registration or exemption from registration with the Selective Service prior to employment with the City of Frankfort.

COMPLETION OF SECTION 19 IS VOLUNTARY

19 Information in this block is for statistical purposes and will be used only for purposes of compliance with Equal Employment Opportunity requirements.

SEX

RACE

Male ☐ Female ☐

___ 0. -White
___ 1. -Black

___ 2. -Hispanic
___ 3. -Asian American

___ 4. -American Indian or Alaskan Native
___ 5. -other

--IMPORTANT -- THIS SECTION MUST BE COMPLETED--

20. SIGNATURE – Please read and sign the following statement: I certify, under penalty of law, that the information given in this application is correct and complete to the best of my knowledge. I am aware that, should investigation at any time show any falsification, I will not be considered for employment, or if employed, I will be dismissed and disqualified from future employment. I hereby authorize the City of Frankfort to make all necessary investigations concerning me, my work habits, character, or my action in any transaction. I authorize the Personnel Department to receive and make available to other employers my academic records or other material pertinent to my qualifications, and further authorize and request each former employer, person given as a reference, educational institution, or organization (including law enforcement agencies) to provide all information that may be sought in connection with the application. I understand and agree that I may be required to ratify the information contained in this application by signature as a condition of employment. I also understand that city government is a drug free workplace and that substance abuse testing is required for certain classifications.

Date _____ Signature X _____

The City of Frankfort does not discriminate on the basis of race, color, national origin, sex, religion, age, or disability in the admission or access to, or participation or employment in, its programs or services. Reasonable accommodation will be provided upon request. Information concerning the provisions of the Americans with Disabilities Act is available from the Personnel Department.